U.S. Fish and Wildlife Service Password Control Document

I, the undersigned Employee, have read and/or been briefed on proper utilization of the passwords provided and accept the conditions as stated. I understand that it is my responsibility to protect my password from loss or disclosure and to change it in accordance with system guidelines. I understand that my password may be considered a legal signature and that I may be held accountable for any system activities that occur against it.

General Information	
Employee Name (print):	Organization:
Employee Signature:	Date:
Type of employee: Federal Contractor Other (specify)	
Supervisor (print):	
Supervisor Signature:	Date:
System to which access is requested:	
Reason for access:	
Level of access requested:	
Access Approval by System Owner or Manager	
Name:	Organization/Title:
Signature:	Date:
Comments:	
Termination of Access	
Employee	System Owner or Manager
Date:	Date:
Signature:	Signature:

Instructions: This form is required by Service Manual 270 FW 7 and should be submitted for every user who requests access to an Automated Information System that requires user authentication to gain access. Supervisors should fill out and sign the form, have their employee sign, attach a copy of the employee's current "Statement of Responsibility" form, and submit to the system manager for approval. Upon approval of the application, the system owner will provide a copy of the password control document to the user's Installation Information Technology Security Manager (IITSM). When access to a system is no longer required, including transfer or departure of an employee, the supervisor will notify the IITSM, who will in turn notify the system owner of each system for which that employee has a system application on file. System owners and IITSMs will enter on this form the date that access was removed and retain the information for 1 year.